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## GLOSSARY

<b>ANSI X12 277 Unsolicited</b>	The X12 standard information about the status of a health care claim.
<b>ANSI X12 835</b>	The X12 standard payment or remittance advice.
<b>ANSI X12 837</b>	The X12 standard health care claim or encounter EDI transaction, used for institutional, professional, and dental claims.
<b>ASCII</b>	American Standard Code for Information Interchange
<b>Automated billing agent</b>	See <i>Electronic submitter</i> .
<b>Billing agent ID</b>	A four-digit number in the format 00XX, where the first two digits are zeroes and the last two digits are unique numbers assigned by MDCH to a specific submitter.
<b>Billing Service Company</b>	See <i>Electronic submitter</i> .
<b>Bulletin</b>	Items and information and policy affecting the administration of the Medicaid Program; conveyed through the Medical Assistance Program Bulletin series.
<b>Business Associate</b>	HIPAA term for a person who performs a function or activity on behalf of another entity.
<b>CMS</b>	Centers for Medicaid and Medicare Services; formerly the Health Care Financing Administration (HCFA)
<b>CPT</b>	Current Procedural Terminology. Codes used by providers to describe services rendered.
<b>CSHCS</b>	Children's Special Health Care Services
<b>e-biller</b>	See <i>Electronic submitter</i> .
<b>Electronic billing agent</b>	See <i>Electronic submitter</i> .
<b>Electronic submitter</b>	An individual or agency that submits claims or other data to the MDCH electronically. Also known as an <i>automated billing agent, billing agent, billing service company, e-biller, or electronic billing agent</i>
<b>EMC 5.0</b>	Electronic Media Claim version 5.0; also known as the electronic UB-92 claim. It is the electronic version of the paper UB-92 claim form.
<b>HCFA</b>	Health Care Financing Administration; now known as the Center for Medicare and Medicaid Services (CMS)
<b>HCFA 1450</b>	See "UB-92."
<b>HCFA 1500</b>	The Health Care Financing Administration's (now CMS) paper claim form for professional services.



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<b>HCPCS</b>	Health Care Procedure Coding System
<b>ICD-9-CM</b>	International Classification of Diseases, Ninth Edition, Clinical Modification
<b>ID</b>	Identifier
<b>IP</b>	Invoice (claim) processing
<b>MDCH</b>	Michigan Department of Community Health
<b>Provider</b>	An individual or organization that provides medical services.
<b>RAM</b>	Remittance advice message
<b>Service Bureau</b>	An organization that submits bills on behalf of a provider; also, an <i>electronic submitter</i> .
<b>SHP</b>	Special Health Plan for Children
<b>SMP</b>	State Medical Program
<b>SSL</b>	Secure Sockets Layer; a secure method for submitting information using the World Wide Web.
<b>TR9000</b>	An MDCH-provided software program that writes the required control records for MDCH proprietary and UB-92 files.
<b>Trading Partner</b>	An entity with whom another entity exchanges (sends or receives) information electronically.
<b>UB-92</b>	Uniform Billing Form 92, also known as the "HCFA1450" paper form. The electronic version is the Electronic Media Claim (EMC) version 5.0. This form is used for Institutional claims.